

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36741**

**DEC 3 1943**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10328**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4556 Adelaide Ave /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **None**  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME **Henry C. Nagel**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife. **Mary J.H. Nagel see Hartman** 6. (c) Age of husband or wife if alive. **76** years  
7. Birth date of deceased. **January 7, 1862**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**81** **10** **17** hr. min.

9. Birthplace. **St. Louis** **Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business.....

12. Name. **Herman Nagel**

13. Birthplace. **Unknown** **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name. **Wilhelmina Boening**

15. Birthplace. **Unknown** **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mary Nagel**

(b) Address. **4556 Adelaide Ave**

17. (a) **Burial** (b) Date thereof **11/27/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Oak Grove Cemetery**

18. (a) Signature of funeral director. **Math Hermann & Son**

(b) Address. **2161 East Fair Ave**

19. (a) **NOV 25 1943** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **17**  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4556 Adelaide Ave**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **24th**  
year **1943** hour **3:30** AM minute M.

21. I hereby certify that I attended the deceased from **9/24/43**  
..... 19..... to **11/24/43** 19.....  
that I last saw him alive on **Nov 23** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma of stomach** Duration **6 mos?**

Due to..... **Carcinoma of stomach**

Due to..... **Asbestosis**

Other conditions..... **Asbestosis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **Asbestosis**

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature **R. W. Crossman** (M. D. or other) **MD**

Address **4011 Blair Ave** Date signed **11/24/43**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed William G. Buchholz  
Licensed Embalmer No. 2110  
P. O. Address St. Louis mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**